Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State:	North	Dakota			
<u>Citation</u> 1902(a)(52 and 1925 o		Familie	es Receiving Extended Medicaid Benefits			
the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).				
	(b)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are				
		se re ma	qual in amount, duration, and scope to ervices provided to categorically needy AFDC ecipients as described in <u>ATTACHMENT 3.1-A</u> (or ay be greater if provided through a caretaker elative employer's health insurance plan).			
		se re t) ir	qual in amount, duration, and scope to ervices provided to categorically needy AFDC ecipients, (or may be greater if provided hrough a caretaker relative employer's health nsurance plan) minus any one or more of the ollowing acute services:			
		_7	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.			
		<pre>Medical or remedial care provided by licensed practitioners.</pre>				
			Home health services.			
TN No. 9		Date	83192 Effective Date 4 192			
TN No	v <u>ew</u>		HCFA ID: 7982E			

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Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits (ed)
			Private duty nursing services.
			Physical therapy and related services.
		_7	Other diagnostic, screening, preventive, and rehabilitation services.
		<i>□</i> 7	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		_7	Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
		<u></u>	Hospice services.
			Respiratory care services.
		_7	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.
Supersedes		Date	83192 Effective Date 4192
TN No.	Jew		HCFA ID: 7982E

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	State:	North Dakota		
Citation		nilies Receiving Extended ontinued)	Medicaid Benef	its
	(c)_/	The agency pays the f fees, deductibles, co for health plans offe employer as payments	insurance, and ered by the care	similar costs taker's
		// 1st 6 months		months
		The agency requires c employers' health pla eligibility.	aretakers to en ns as a conditi	roll in on of
		/_/ 1st 6 mos.		
	(d) <u>/</u> /	(1) The Medicaid agenc families during th extended Medicaid following alternat	e second 6-mont benefits throug	h period of
		Enrollment in t employer's heal	he family optionth plan.	n of an
		/ Enrollment in t employee health	he family option plan.	n of a State
		/ Enrollment in t uninsured.	he State health	plan for the
		organization (H of less than 50	n eligible heal IMO) with a prep percent Medica ents of extended	aid enrollment id recipients
TN No9 Supersedes	3-09 Approval	Date 8/31/92 Ef	fective Date	4/1/92
TN No	1EW		HCFA ID: 7982E	, , , , , , , , , , , , , , , , , , , ,

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.:	0938-
	State:	North Dakota		

## <u>Citation</u> 3.5 <u>Families Receiving Extended Medicaid Benefits</u> (Continued)

<u>Supplement 2 to ATTACHMENT 3.1-A</u> specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
  - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- / (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 92-09
Supersedes Approval Date 83192 Effective Date 4192
TN No. New HOEA ID: 70005

HCFA ID: 7982E